Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Eckhart Mines County: Allegany

Date of death 1904 Month: Sept. Day: 20 Age Years: — Months: — Days: 1

Sex: Male Color or Race: White Birth-place: Eckhart Mines

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name: Albert Bender Father's Birthplace: Maryland

Mother's Maiden Name: Catherine Pengelly Mother's Birthplace: Maryland

Name of person giving Information: B. C. Cannell How related to deceased: Ph. x.

151

157

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth How long: old. 6. months

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: B. M. Cannell

Address: Eckhart Mines

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Lorenza Q. Britton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumb. — County: Allegany

Date of death: Month: 9 — Day: 2 — Years: 1904 — Age: 2 week — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Cumb. —

Occupation: — — Where Residing if not at place of death: Cumbd —

Married, Single or Widowed — Name of Wife or Husband: Bessie

Father's Name: John — Father's Birthplace: Cumbd

Mother's Maiden Name: Bessie Mudge — Mother's Birthplace: Northumberland

Name of person giving information: Mrs Mudge — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: 2 Days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? No physician

Signature of Physician: A H Brace M D

Address: Cumbd Md

Accident or Suicide? D

LIBRARY BUREAU A88816

Name in Full: Velma Brode

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hoffman — County: Allegany

Date of death: 1904 — Month: 9 — Day: 6 — Age: Years: — Months: 3 — Days: —

Sex: F. — Color or Race: W. — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Phillip L. Brode — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Sleeman — Mother's Birthplace: Md.

Name of person giving Information: Jas Brode — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Erysipelas, — How long: 1 Wk

Immediate, — How long:

18 / 18

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr W M Lane

Address: Frostburg Md,

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Wesley Burns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland Md | County: Allegany

Date of death: 1904 | Month: 9 | Day: 14 | Years: Age 56 | Months | Days

Sex | Color or Race: Black | Birthplace

Occupation: Driver of Horse | Where Residing if not at place of death

Married, Single or Widowed: Widower | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

1166

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: B W & R — Killed by Burns | How long

Immediate | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Black yes

Signature of ~~Physician~~: Dennis E O'Neil

Address: Coroner

Accident or ~~Suicide~~?

LIBRARY BUREAU A66619

Name in Full: Anna May Francis Carter

CERTIFICATE OF DEATH

MARYLAND

Town: Lonaconing County: Allegany

Died at

Date of death 1904 Month: Sep Day: 27

Age Years: — Months: 2 Days: 6

Sex: Female Color or Race: Colored Birthplace: Pittsburg

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Carter Father's Birthplace: Va

Mother's Maiden Name: Elizabeth Stoon Mother's Birthplace: Pa

Name of person giving Imformation: William Carter How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition How long: 6 mos.

Immediate: Spasms How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. H. Simpson

Address: 263 N. Mechanic

Accident or Suicide?

LIBRARY BUREAU A88516

96. 1. Mechanic.

Name in Full: Nick Covelli

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death	1904	Month: Sept	Day: 19	Age: Years: 17	Months: — Days: —
Sex	Male	Color or Race	White	Birthplace	Italy
Occupation	Laborer	Where Residing if not at place of death	—		
~~Married~~, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	unknown			Father's Birthplace	—
Mother's Maiden Name	"			Mother's Birthplace	—
Name of person giving In formation	Dr B.C. Miller			How related to deceased	Physician

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary	Typhoid Fever	How long: 10 days
Immediate	Exhaustion	How long:

Are the name, age, sex, color, date and place correctly given above?

Signature Physician: B.C. Miller

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Lillian Pauline Chase

CERTIFICATE OF DEATH

Died at — Town: Cumberland — County: — MARYLAND

Date of death 1904 — Month: Sept — Day: 25 — Age — Years: — Months: — Days: 13

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Harry R Chase — Father's Birthplace: Md

Mother's Maiden Name: Annie C R. Hobbs — Mother's Birthplace: Md

Name of person giving information: Annie C R Chase — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth 7 mo — How long: 13 da

Immediate: Exhaustion from Premature — How long: 2 hr

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Geo L. Broadrup MD

Address: 98 Va Ave

Accident or Suicide? No. — Cumberland Md

LIBRARY BUREAU A88516

Name in Full: Mattie Cole

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb'd — County: Allegany

Date of death: Month: Sept. — Day: 12 — Year: 1904 — Age: Years: 24 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace

Occupation: Housewife — Where Residing if not at place of death

Married, ~~Single or Widowed~~ — Name of ~~Wife or~~ Husband: Jno Cole

Father's Name: Dead. — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Frank Cole — How related to deceased: Father in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 3 mos

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Tompkins

Address

Accident or Suicide?

LIBRARY BUREAU A88816

11 Clarry Alley.

Name in Full: W. W. Cook.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Ellerslie (County) Allegany

Date of death 1904 — Month 8 — Day 22 — Age — Years 43 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Keyser Va

Married, Single or Widowed: Married — Occupation: R R Conductor

Name of Wife or Husband: M. M. Cook

Father's Name: Hanson Cook — Father's Birthplace: Cooks Mills Va

Mother's Maiden Name: Mary Devon — Mother's Birthplace: Do

Name of person giving information: Wife — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: 9 mos.

Immediate: Bronchitis & Exudo Carditis — How long: 6 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Earl Smith

Address: Ellerslie Md

Burial at Hyndman Pa

Accident or Suicide? No

LIBRARY BUREAU A86516

Name in Full: J W Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb. — County: Accy

Date of death 190 — Month: Sept — Day: 5 — Age: Years 38 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Va

Occupation: Iron Worker — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ — Name of Wife or Husband: Nannie Jones

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving information: Mrs Nannie Cornish — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Dont Known

Immediate: Exhaustion — How long: Contributed

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C Bleloy Boor

Address: Cumberland

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Elizabeth Cullen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Md

Date of death: Month: 9 — Day: 15 — Years: 76 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: St. M. — Where Residing if not at place of death: at Home

Married, Single or Widowed: Widow — Name of Wife or Husband: John Cullen

Father's Name: Timothy Toole — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace: Ireland

Name of person giving Information: James Toolen — How related to deceased: Grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris — How long: 24 hours

Immediate: Cardiac failure — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas F. Mahoney

Address: Frostburg, Md.

Accident or Suicide?

LIBRARY BUREAU A80516

F I x Und Co

Name in Full: John T Cummins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Midland — County: Allegany

Date of death 1904 — Month: Sept — Day: 24

Age — Years: — Months: 8 — Days: —

Sex: Male — Color or Race: White — Birthplace: Midland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Michael Cummins — Father's Birthplace: Ireland

Mother's Maiden Name: Sara Nolan — Mother's Birthplace: Lonaconing

Name of person giving In formation: Michael Cummins — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 9½ weeks

Immediate: Starvation — How long: 2½ "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Smith M.D.

Address: Midland Md

Accident or Suicide? —

LIBRARY BUREAU A8818

Name in Full: E J Daily

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: Sept — Day: 8 — 1904

Age: Years: 35 — Months — Days

Sex: male

Color or Race: white

Birthplace

Occupation: Tramp

Where Residing if not at place of death

Single or Widowed

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 8 days

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. H. Miller

Address: Cumberland Md

Accident or Suicide?

J

LIBRARY BUREAU A66818

Name in Full: Krama Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb County: md

Date of death: 1904 Month: Sept Day: 8

Age: Years: 8 Months: Days: 7

Sex: Female

Color or Race:

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J C Davis

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: J C Davis

How related to deceased: Father

CAUSES OF DEATH

Primary: Inanition

How long: 7 days

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C V H Bracken MD

Address: City

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland. County: Allegany

Date of death 190 4: Month: Sept. Day: 8 Age: Years: 19 Months: Days:

Sex: Female. Color or Race: White. Birthplace: N. Va.

Married, Single or Widowed: — Occupation: Housework

Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving In formation: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid fever. Complication: Exhaustion. How long: 10 days

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. A. Toon, MD

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A68918

Name in Full: William Emanuel Defibaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So Cumberland; County: Allegany

Date of death 1904: Month: Sept; Day: 13

Age: Years: 23; Months: 3; Days: 18

Sex: Male

Color or Race: White

Birthplace: Pa

Occupation: Machinist

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Howard D Defibaugh

Father's Birthplace: Pa

Mother's Maiden Name: Mary A. Rinbaugh

Mother's Birthplace: Pa

Name of person giving information: Minnie Defibaugh

How related to deceased: Brother

CAUSES OF DEATH

Primary: Typhoid Fever

How long: 2 Weeks

Immediate: Hemorrhage Intestines

How long: 1 da

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. L. Broadwater M.D.

Address: 98 Va ave

Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: John Borsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Little Orleans | County: Allegany

Date of death: 1904 Month: Sept Day: 12th | Age: Years: About 45 Months: — Days: —

Sex: Male | Color or Race: White | Birthplace: Ireland.

Occupation: Laborer | Where Residing if not at place of death: North Branch

[redacted], Single | Name of Wife or Husband: [redacted]

Father's Name: [redacted] | Father's Birthplace: [redacted]

Mother's Maiden Name: [redacted] | Mother's Birthplace: [redacted]

Name of person giving In formation: C E Fisher | How related to deceased: Physician

166

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Crushing blow to Skull by Explosion | How long: 1 Week.

Immediate: Sopor — Exhaustion | How long: 12 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. E. Fisher M.D.,

Address: Little Orleans Md.

Accident: Blasting Explosion. Heavy Stone Crushed Skull and Lacerated Brain.

LIBRARY BUREAU A66010

Name in Full: David Doyle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: 1904 — Month: 9 — Day: 25 — Age: Years: 72 — Months: 6 — Days: 3

Sex: Male — Color or Race: W — Birthplace: MD

Occupation: Engineer (Loc) — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or ~~Husband~~: Mary E Rice

Father's Name: Wm Doyle — Father's Birthplace: MD

Mother's Maiden Name: Susan Brace — Mother's Birthplace: MD

Name of person giving information: Mrs Willard — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis — How long: 9 mo

Immediate: Exhaustion — How long: 2 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Smith

Address: Cumberland MD

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Dwyer.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd County: Allegh

Date of death: Month: Sep Day: 5 Years: 58 Months: — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female Color or Race: White Birthplace: Cumb'd

Occupation: Wife Where Residing if not at place of death: —

Married, Single ~~or Widowed~~? Name of Wife or Husband: Patrick Dwyer

Father's Name: Dwyer Father's Birthplace:

Mother's Maiden Name: Dwyer Mother's Birthplace:

Name of person giving In formation: Patrick Dwyer How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's disease How long: 10 months.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. W. Wiley

Address: Cumb'd Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Carl Brode Evans

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death: 1904; Month: 9; Day: 16

Age: Years: —; Months: 2; Days: —

Sex: M.; Color or Race: W.; Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lawrence R. Evans; Father's Birthplace: Wales

Mother's Maiden Name: Sarah Brode; Mother's Birthplace: Md

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough, ✓; How long: 4 wks

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. H. O. McLane

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A62516

lyon

allegany County -

Name in Full: Mary Ann Evans

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: Sept.; Day: 7; Age: Years 67, Months 8, Days 15

Sex: Female; Color or Race: White; Birthplace: Wales

Occupation: Housewife; Where Residing If not at place of death: Lonaconing Md.

Married, Single or Widowed: Married; Name of ~~Wife~~ Husband: John Wesley Evans

Father's Name: Richard Harvey; Father's Birthplace: England

Mother's Maiden Name: Mary [illegible] 10; Mother's Birthplace: England

Name of person giving Information: Moses Johnson; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: 5 weeks

Immediate: Acute Catarrhal Dysentery; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James A. Bullock

Address: Lonaconing Maryland

Accident or Suicide? no

LIBRARY BUREAU A88818

Name in Full: Sebastian Fleckenstein

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumbd — County: Allg

Date of death: Month: Sep — Day: 25 — 1904

Age — Years: 20 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Cumbd

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Adam Fleckenstein — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Imformation: Adam Fleckenstein — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gunshot Wound of leg — How long: 8 days

Immediate: Tetanus — How long: 9 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E R Billingsley

Address: Cumberland Md

Accident or Suicide? accident

8

LIBRARY BUREAU A66516

Name in Full: Mabel Ellen Foreman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb'd — County: All

Date of death: Month: Sep — Day: 7 — Years: — — Months: 15 — Days: —

Sex: Female — Color or Race: White — Birthplace: Cumb'd

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John E. Foreman — Father's Birthplace: Md

Mother's Maiden Name: Margaret E. — Mother's Birthplace: Md

Name of person giving In formation: John E Foreman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rickets — How long: 3 months

Immediate: Exhaustion — How long: 5 Days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. L. Barkdoll

Address:

Accident or Suicide?

LIBRARY BUREAU A8881¢

Name in Full: Jan Jaworduck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Little Orleans; County: Allegany

Date of death: Month: Sept; Day: 4; Year: 1904

Age: Years: 19; Months: ; Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: White

Birthplace: Austria

Occupation: R. R. Laborer

Where Residing if not at place of death: —

Married, Single, Widowed: —

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: C. E. Fisher

How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Meningitis

How long: 52 hours

Immediate: Convulsions

How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. E. Fisher M.D.

Address: Little Orleans

Accident or Suicide?

LIBRARY BUREAU A58816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: 9 — Day: 22 — Age — Years: 6 — Months: 4 — Days:

Sex: Male — Color or Race: W — Birthplace: Cumbd

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: H. F. Seles — Father's Birthplace: N Y

Mother's Maiden Name: Martha Lorkin — Mother's Birthplace: W Va

Name of person giving Imformation: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 mo

Immediate: Exhaustion — How long: 2 mo

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. F. Twiss, M.D.

Address: Cumberland, Md.

Accident or Suicide? —

LIBRARY BUREAU A38516

Name in Full: Susan Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death	1904	Month: Sept	Day: 19	Years: 43	Months: 6 / Days: 9
Sex: Female	Color or Race: White	Birthplace: W. Va.			
Occupation: Housewife	Where Residing if not at place of death: —				
Married, Single or Widowed: Married	Name of ~~Wife or~~ Husband: Samuel Gray	Birthplace: W Va			
Father's Name: Jas Norman	Father's Birthplace: W Va				
Mother's Maiden Name: Annie	Mother's Birthplace: W. Va.				
Name of person giving Information: Gray	How related to deceased: Son				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uterine Carcinoma	How long: 1 Yr.	
Immediate: Hemorrhage & Exhaustion	How long: 1 mo	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Geo L. Broadrup M.D.	
	Address: ~~Frost~~ 98 Va ave	
Accident or Suicide? N	Cumberland Md.	

8

LIBRARY BUREAU ABBOTT

Name in Full: Ulysis Mack Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Westernport (Town) X, Allegany (County)

Date of death 1904: Month: September; Day: 19

Age: Years: 18; Months: 10; Days: 6

Sex: Male

Color or Race:

Birthplace: Maryland

Occupation: Student

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Felix Seymour Gray

Father's Birthplace: West Virginia

Mother's Maiden Name: Lucinda Smith

Mother's Birthplace: do

Name of person giving Information: Felix Seymour Gray

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long:

Immediate: Tuberculosis

How long: 6 Months.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. L. Gibson

Address: Piedmont

Accident or Suicide? no

Oct 11

LIBRARY BUREAU A88816

Name in Full: Edward Frisir

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Frostburg (County) Allegany

Date of death: Month 9 Day 10 1904

Age: Years 24 Months — Days —

Sex: Male Color or Race: White Birthplace: Garrett Co

Occupation: Driver Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed: Married Name of Wife or Husband: Mary Geuse

Father's Name: John Geuse Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving In formation: H. Booth How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hea Typhoid Fever How long: 2 wks

Immediate: a g. How long: " 1

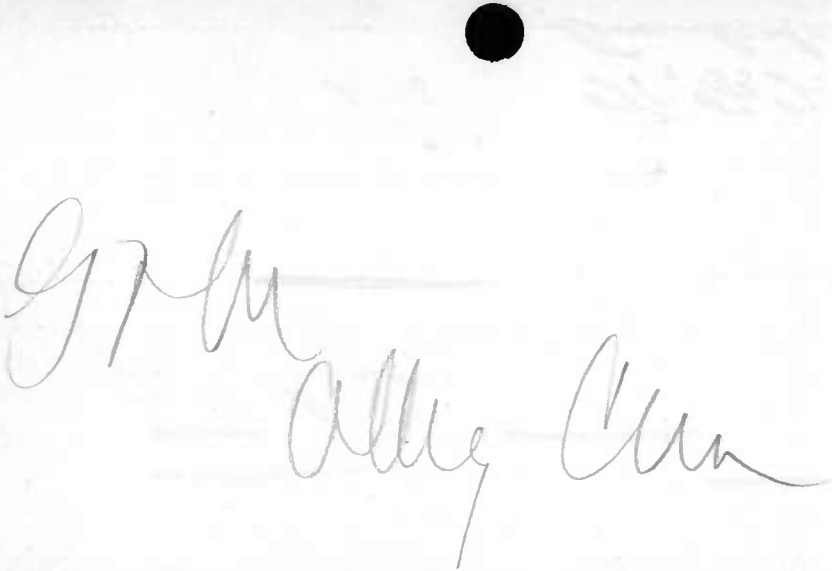
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. Brien

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88818



Name in Full: Oleva May Harris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumb'd — County: Allg'y

Date of death 1904 — Month: Sep — Day: 27 — Age: Years 19 — Months 8 — Days —

Sex: Female — Color or Race: Colored — Birthplace: Cumb'd

Occupation: Wife — Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife~~ or Husband: Adam Harris

Father's Name: Joseph Hare — Father's Birthplace: Cumb'd

Mother's Maiden Name: Bessie Weedon — Mother's Birthplace: "

Name of person giving Information: Joseph Hall — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute miliary tuberculosis — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thurgood Ham M.D.

Address: 20 Spark

Accident or Suicide?

LIBRARY BUREAU A#8616

Name in Full: Rebecca Hatchett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd County: Allg

Date of death: Month: Sept. Day: 21 Year: 1904

Age: Years: 65 Months: — Days: —

Sex: Female Color or Race: Colord Birthplace:

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age How long:

Immediate: Gen. debility How long: about 1 year

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas H Simpson

Address: 163 N. Mechanic

Accident or Suicide?

PHYSICIAN OR CORONER

154

LIBRARY BUREAU A85516

Name in Full: Wilhelmina Herchler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eckhart Mines; County: Allegany

Date of death 190 3: Month: Sept.; Day: 27

Age: Years: 50; Months: x; Days: x

Sex: Female

Color or Race: White

Birthplace: Germany

~~Married~~ ~~Single~~ Widowed

Occupation: Housewife

Name of Wife or Husband: Fred Herchler

Father's Name: Ritz

Father's Birthplace: Germany

Mother's Maiden Name: Not known

Mother's Birthplace: Germany

Name of person giving information: Henry Myers

How related to deceased: son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age.

How long

Immediate: Influenza

How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. McCromwell.

Address: Eckhart Mines Md.

Accident or Suicide?

LIBRARY BUREAU A22816

Name in Full: William Himmler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb-d — County: Allegh

Date of death: Month: Sept — Day: 30 — Years: 52 — Months: — — Days: —

Age

Sex: male — Color or Race: White — Birthplace: Cumberland

Occupation: Keeper of Restaurant — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Mary Himmler

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Catherine Himmler — Mother's Birthplace: Germany

Name of person giving Imformation: Mary Himmler — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of Heart — How long: Some months

Immediate: Heart failure — How long: a few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Miley.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: John Howard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Allegy.

Date of death: 1907 — Month: April — Day: 8 — Age: Years: 70 — Months: — — Days: —

Sex: male — Color or Race: Colored — Birthplace: Va

Occupation: Cook — Where Residing if not at place of death: —

Married, Single or Widowed: Marid — Name of Wife or Husband: Mary Howard

Father's Name: Thos Howard — Father's Birthplace: Va

Mother's Maiden Name: Amanda Jackson — Mother's Birthplace: Va

Name of person giving Information: Mrs Howard — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: over 1 year

Immediate: Exhaustion — How long: five de weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. S. Dupe

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Adminer Donaldy Keegan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb — County: Allegany

Date of death 1904: Month: Sept. Day: — Age: Years: 6 Months: 5 Days: —

Sex: Male — Color or Race: White — Birthplace: Friendsville Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John F. Keegan — Father's Birthplace: Ohio

Mother's Maiden Name: Jennie Steel — Mother's Birthplace: Md

Name of person giving In formation: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera infantum — How long: —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: T. B. McDonald

Address: Cumberland Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

F.

Name in Full: Andrew Wm Kerber

CERTIFICATE OF DEATH

no

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bridgley — County: Mineral

Date of death: Month: Sep — Day: 25 — 1904

Age — Years: 44 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Cumberland

Occupation: Wood Worker — Where Residing if not at place of death:

Married, Single or Widowed: Maried — Name of Wife or Husband:

Father's Name: Dead — Father's Birthplace: Germany

Mother's Maiden Name: Kerber — Mother's Birthplace: Germany

Name of person giving In formation: 21 — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 3 mo

Immediate: Exhaustion — How long: —

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician:

Address: Dr Franklin.

Accident or Suicide?

LIBRARY BUREAU A88815

Name in Full: John Langley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland / County: Allegany

Date of death 1904: Month: Sept. / Day: 12 / Age: Years: 46 / Months: — / Days: —

Sex: Male

Color or Race: White American

Birthplace: Washington D C

Married, Single or Widowed: Married

Occupation: Railroad laborer

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis

How long: 3 months

Immediate: Starvation, Asthenia

How long: —

1904

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H L D Hodgson

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Paul McDonough

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death 1904: Month: Sept; Day: 6; Age: Years —; Months: 8; Days: 3

Sex: Male; Color or Race: White; Birthplace: Frostburg

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Wm "Francis McDonough; Father's Birthplace: Frostburg

Mother's Maiden Name: Mary Francis Farrell; Mother's Birthplace: Mt Savage

Name of person giving information: Mary F. McDonough; How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus; How long: from birth

Immediate: Enteric Colitis; How long: 1 month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frances A. Bullock

Address: Frostburg Maryland

Accident or Suicide? No -

LIBRARY BUREAU A66616

Name in Full: William L. McMillan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death: Month 9 Day 22 1904 — Age: Years 15 Months 11 Days 19

Sex: Male — Color or Race: White — Birthplace: Frostburg Md.

Occupation: Miner — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Archibald McMillan — Father's Birthplace: Borden Station

Mother's Maiden Name: Elizabeth Thomas — Mother's Birthplace: England

Name of person giving Information: Milson Thomas — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J C Cobey

Address: Frostburg, Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

born

allegany County

Name in Full: Mrs John J McNamara

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb | County: Alleg

Date of death: Month: Sep | Day: 7 | Years: 58 | Months: — | Days: —

Sex: Female | Color or Race: White | Birthplace: Pa

Occupation | Where Residing if not at place of death

Married, Single or Widowed: Widow | Name of Wife or Husband: —

Father's Name: Dead | Father's Birthplace

Mother's Maiden Name: Dead | Mother's Birthplace

Name of person giving information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma (Mammary). | How long: About One Year

Immediate: Exhaustion | How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. B. McDonald

Address: Cumberland Md.

Accident or Suicide? —

LIBRARY BUREAU A66516

Name in Full: Child of Wm W. Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death 1904: Month: Sept.; Day: 18

Age: Years: —; Months: 20; Days:

Sex: Female; Color or Race: White; Birthplace: Cumberland, Md.

Married, Single or Widowed: Singer; Occupation:

Name of Wife or Husband:

Father's Name: William M. Morris; Father's Birthplace: Ireland

Mother's Maiden Name: Louisa Rhind; Mother's Birthplace: Ireland

Name of person giving information: William M. Morris; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum; How long: two weeks

Immediate: Inanition; How long: one week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Stansbury

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Walter Cecil Newell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: Sept. — Day: 18th

Age: Years: — Months: 9 — Days:

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Emory Newell — Father's Birthplace: Maryland

Mother's Maiden Name: Martha Rice — Mother's Birthplace: Maryland

Name of person giving Information: Emory Newell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal-nutrition — How long: Four days

Immediate: Ephemtion — How long: Two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. R. Hodges M. D.

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Richard R Oneal.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg — County: Frederick

Date of death: Month: Sept — Day: 9 — Year: 1904 — Age: Years: 48. — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer. — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Mary A Oneal.

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Mrs Oneal. — Mother's Birthplace: Md

Name of person giving Information: Henry Oneal — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address Dr Smith Emmitsburg

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Louisa Ort

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Allegany

Date of death 1904 — Month: Sept — Day: 13 — Age — Years: 76 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband: Conrad Ort

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

106

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-enteritis — How long: 2 weeks

Immediate: Cardiac exhaustion — How long: Short time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Coby

Address: Frostburg Md

Accident or Suicide? No

LIBRARY BUREAU A66616

GDM

allegany County -

Name in Full: John Pardike

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Eckhart Mines — County: Allegany

Date of death 190: Month: 5 — Day: 11 — Age: Years: 28 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Miner — Where Residing if not at place of death: Eckhart

Married, Single or ~~Widowed~~ — Name of Wife or Husband: Kate Mardinsky

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stepping on the track — How long: 6

Immediate: Killed by Electric Car's — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: Dennis E O'Neil

Address: Coroner

Cumberland Md

Accident or ~~Suicide~~?

8

LIBRARY BUREAU A88618

Gym

Catholic Cemetery

Fort Bury

Name in Full: Charles W. Reddig —

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Alleg

Date of death: Month: Sep — Day: 22 — Years: Age 44 — Months: 1 — Days: 25

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: Com. Traveller — Where Residing if not at place of death: —

Married, Single or Widowed: Marrd — Name of Wife ~~or Husband~~: Florence Atwell

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: Mrs Reddig — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 17 Days

Immediate: Collapse — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. J. Brace, M. D.

Address: Cumberland — Md

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Edwin S. Reed.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumbd — County: Alleg

Date of death: Month: Sept — Day: 20 — 1904 — Age: Years: 47 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Virginia

Occupation: Car Inspector — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Elizabeth Alice

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Elizabeth Reed — Mother's Birthplace: Va

Name of person giving In formation: Wm Inigo — How related to deceased: neighbor

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of lungs — How long: 1 & Mos.

Immediate: Dentition — How long: 10 days

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: H. H. Staushurst MD

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Margaret Elizabeth Robertson

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Lonaconing County: Allegany

Date of death 1904: Month: Sept Day: 8 Age: Years: — Months: 20 Days: —

Sex: Female Color or Race: White Birthplace: Lonaconing

Married, Single or Widowed Occupation: none

Name of Wife or Husband

Father's Name: William Robertson Father's Birthplace: Pa

Mother's Maiden Name: Elizabeth Kruger Mother's Birthplace: Lonaconing

Name of person giving In formation: Mrs. Wm. Robertson How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus How long: 4 weeks

Immediate: Inanition How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Schilling

Address: Lonaconing

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Wm. Sherwood Schrimp.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month: Sept. — Day: 26 — Years: — — Months: 6 mths — Days: —

Sex: Male — Color or Race: White — Birthplace: Pa.

Occupation — Where Residing if not at place of death

~~Married~~, Single or Widowed — Name of Wife or Husband

Father's Name: Frank Schrimp. — Father's Birthplace

Mother's Maiden Name: Cathrine Abbot — Mother's Birthplace

Name of person giving Information: Frank Schrimp — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Inanition — How long: —

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Wolfe

Address: 225 S. Mechanic St

Accident or Suicide?

White

LIBRARY BUREAU A66516

42 Gray St.

Name in Full: Rebecca Ramsey [illegible] Simmons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County:

Date of death: Month: 1904 Sept — Day: 9 — Age: Years: 82 — Months: 8 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Va.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Matthew H Simmons (Dead)

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Jno D Bryan 4 — How related to deceased: Son-in-Law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diarrhea & Rectal Cancer — How long: 2 Mo

Immediate: Exhaustion — How long: 2 Days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Jno. L. Bradenbaugh M.D.

Address: Cumberland Md.

Accident or Suicide? No.

LIBRARY BUREAU A89516

Name in Full: Miss Lawn Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Cumb- (County): Allegany

Date of death: Month: 1904 Sept; Day: 7; Age: Years: ; Months: 9; Days:

Sex: Female; Color or Race: white; Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Wilson Smith; Father's Birthplace:

Mother's Maiden Name: Maggie; Mother's Birthplace:

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis; How long: —

Immediate: " ; How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Maggio

Name in Full: Daniel A. Durigert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Amod — County: Cecil

Date of death: Month: Sept — Day: 11 — 1904

Age: Years: 65 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: W Va

Occupation: Ex Loco. Engineer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Mrs Ogilby — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy — How long: Immediate

Immediate: Paralysis — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. Brawner M.D.

Address: Amod Md

Accident or Suicide? —

LIBRARY BUREAU A88819

Name in Full: Un Known

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland Md. County: Allegany

Date of death: 1904 Month: 9 Day: 14

Age: Years: 23 Months: Days:

Sex:

Color or Race: White

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information:

How related to deceased:

166

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bear Killed by Bear's

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? White

Signature of ~~Physician~~: Dennis E. O'Neal

Address: Coroner

yes

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: | County: Allegany

Date of death 1904 — Month: 9 | Day: 27

Age — Years: | Months: | Days:

Sex:

Color or Race:

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation:

How related to deceased:

166

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Killed by the Cars

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: Dennis E O'Neil

Address: Cumberland Md Coroner

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Ethel Irene Wade

CERTIFICATE OF DEATH

Died at: Town: Frostburg; County: Allegany; MARYLAND

Date of death 1904: Month: 9; Day: 17

Age: Years: —; Months: 6; Days: 18

Sex: Female; Color or Race: White; Birthplace: Frostburg, Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Wilbur F. Wade; Father's Birthplace: Frostburg Md.

Mother's Maiden Name: Emma Sweeney; Mother's Birthplace: Forest Co. Pa.

Name of person giving information: Wilbur F. Wade; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Illio Colitis; How long: 5 weeks

Immediate: Exhaustion; How long: —

105

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Cyler

Address: Frostburg, Md.

Accident or Suicide? 8

LIBRARY BUREAU

Inn

Allegany County

Name in Full: Elizabeth Campbell Weedy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd — County: Allegany

Date of death: Month: Sep — Day: 18 — 1904

Age: Years: — Months: — Days: 1

Sex: Female — Color or Race: White — Birthplace: Cumb'd

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: L. D. Weedy — Father's Birthplace: England

Mother's Maiden Name: Elizabeth Campbell — Mother's Birthplace: W. Va

Name of person giving information: L D Weedy — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Premature Birth — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. S. Wailes M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A86018

Name in Full: Joseph Lewis Welsh

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Emmitsburg — County: Frederick

Date of death 1904 — Month: Sept — Day: 2 — Years: Age 4 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Emmitsburg Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Michael J Welsh — Father's Birthplace:

Mother's Maiden Name: Margaret " — Mother's Birthplace:

Name of person giving Information: Michael J Welsh — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Laryngeal Diphtheria — How long: 3 days

Immediate: Exhaustion — How long: 1 hr

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G H Bacon M D

Address: Emmitsburg Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66818

Name in Full: Lilian Helene Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd; County: Allegany

Date of death: 1904 Month: Sept Day: 17

Age: Years: — Months: — Days: 13

Sex: Female Color or Race: White Birthplace: Cumb

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Walter Williams Father's Birthplace: —

Mother's Maiden Name: Iggy Michael Mother's Birthplace: Ireland

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: —

Immediate: Exhaustion How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley.

Address: Dr Wiley

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Elizabeth Wittig

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Allegany

Date of death: Month: 9 — Day: 6 — Years: 56 — Months — Days

Age

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: H.W. — Where Residing if not at place of death: at Home

Married, Single or Widowed: Married — Name of Wife or Husband: George H. Wittig

Father's Name: Henry Wagheard — Father's Birthplace: Germany

Mother's Maiden Name — Mother's Birthplace: Germany

Name of person giving information: Son — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral apoplexy — How long: 3 hours

Immediate: Coma — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas F. Mallonee

Address: Frostburg, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

G TM

Allegany County —

Name in Full: Ann Letha Wolford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowdens on Balt Pike — County: Allegany

Date of death: Month: Sept — Day: 7 — Year: 1904 — Age: Years: 88 — Months — Days

Sex: Female — Color or Race: white — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Charles Wolford — How related to deceased

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age — How long

Immediate: — — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Wilson

Address: per B City

Accident or Suicide?

8

LIBRARY BUREAU A88016

Name in Full Gilbert Yates

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lonaconing — County: Allegany

Date of death 1904 — Month: 9 — Day: 16

Age — Years: 1 — Months: one — Days: one

Sex: Male — Color or Race: White — Birthplace: Lonaconing Md

Married, Single or Widowed: Infant — Occupation: —

Name of Wife or Husband: —

Father's Name: Wm Yates — Father's Birthplace: Frostburg Md

Mother's Maiden Name: Laura Edwards — Mother's Birthplace: Accident Md

Name of person giving information: Wm Yates — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Acute Meningitis — How long: 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Carpenter

Address: Midland Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

GSM

Allegany County